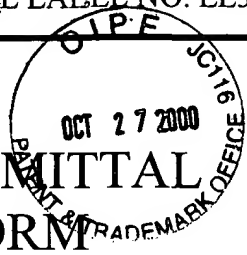
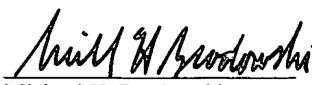


10-30-00

GP 1617

 <b>TRANSMITTAL FORM</b>	Application Serial Number	09/617,566	<b>RECEIVED</b>
	Filing Date	July 17, 2000	
	First Named Inventor	Sawan	NOV 06 2000
	Group Art Unit	1617	
	Examiner Name	N. Levy (prior application)	TECH CENTER 1600/2900
	Attorney Docket No.	SUR-004DVCN	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fee Transmittal Form</li> </ul>	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> To Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)  (i) Associate Power of Attorney
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Preliminary</li> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]</li> </ul>		
<input type="checkbox"/> Extension of Time Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input checked="" type="checkbox"/> Form PTO-1449  <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application		

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	Respectfully submitted,  Date: October 27, 2000 Reg. No. 41,640 Tel. No.: (617) 248-7012 Fax No.: (617) 248-7100 Michael H. Brodowski Atty/Agent for Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110

FEE TRANSMITTAL

FY 2001

OCT 27 2000



Complete if Known

Application Serial Number 09/617,566

Filing Date July 17, 2000

First Named Inventor Sawan

Group Art Unit 1617

Examiner Name N. Levy (prior application)

Attorney Docket No. SUR-004DVCN

RECEIVED

NOV 06 2000

TECH CENTER 1600/2900

## METHOD OF PAYMENT

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.

## FEE CALCULATION

## 1. FILING FEE

## Large Entity

Fee (\$)	Fee Description	Fee Paid
710	Utility filing fee	
320	Design filing fee	
150	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 80.00 =

☐ Multiple Dependent Claim(s), if any \$270.00 =

TOTAL:  
 SMALL ENTITY DISCOUNT:  
 SUBTOTAL (1) (\$) 0.00

## 2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total 25	- 24 =	1	x \$ 18.00 =	18.00
Indep. 2	- 3 =	0	x \$ 80.00 =	0.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$270.00 =	0.00

TOTAL: (\$)18.00  
 SMALL ENTITY DISCOUNT: (\$) 9.00  
 SUBTOTAL (2) (\$) 9.00

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	
390	195	Extension for reply within second month	
890	445	Extension for reply within third month	
1,390	695	Extension for reply within fourth month	
1,890	945	Extension for reply within fifth month	
310	155	Notice of Appeal	
310	155	Filing a brief in support of an appeal	
270	135	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
240	240	Submission of Information Disclosure Statement (37 CFR 1.97(c))	
130	130	Submission of Information Disclosure Statement (37 CFR 1.97(d))	
710	355	Filing a submission after final rejection (37 CFR 1.129(a))	
710	355	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (Specify)			
Other fee (Specify)			

SUBTOTAL (3) (\$) 0.00

SUBTOTAL (1) 0.00  
 SUBTOTAL (2) 9.00  
 SUBTOTAL (3) 0.00

TOTAL (\$) 9.00

## CORRESPONDENCE ADDRESS

Direct all correspondence to:

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 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

1081242

## SIGNATURE BLOCK

Respectfully submitted,

*Michael H. Brodowski*  
 Michael H. Brodowski  
 Attorney for the Applicants  
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 Boston, MA 02110

Date: October 27, 2000  
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 Tel. No.: (617) 248-7012  
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